



International Soccer Club

Incident Report

The International Soccer Club's Incident Report form must be completed for all incidents involving members of the Clubs where injury, harassment, bullying or any other reportable incident has occurred.

This Incident Report form must be submitted to the ISC office within **48 hours** of the incident.

Name of Person Reporting: _____		Date of Report: _____ MM/DD/YYYY	
Report Person Contact #: _____		Email: _____	
Name of Person(s) involved in the incident:		Date / Time of Incident: _____ MM/DD/YYYY / _____ AM / PM	
1. _____	2. _____		
3. _____	4. _____		
Location of Incident (as specific as possible): _____			
Nature of Incident:			
Personal Injury: _____ Physical Harassment/Bullying: _____ Verbal Harassment/Bullying: _____ Assault: _____			
Other (describe): _____			
Description of Incident (please describe only what you witnessed in as much detail as possible) 			
Results of Incident (if known): 			

Office Use:			
Received By: _____	Date: _____ MM/DD/YYYY	Time: _____	Follow-up by: _____ Date: _____ MM/DD/YYYY
Follow-up Notes: 			